

*Patricia Booker*

|  |   |                       |   |   |  |  |                               |            |
|--|---|-----------------------|---|---|--|--|-------------------------------|------------|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Effective December 8, 2004   |   |                       |   |   | Application or Docket Number<br><b>101576304</b> |  |                               |            |
| <b>CLAIMS AS FILED - PART I</b>  |   |                       |   |   |  |  |                               |            |
| (Column 1)   |   | (Column 2)            |   | SMALL ENTITY<br>TYPE <input type="checkbox"/> |  | OTHER THAN<br>SMALL ENTITY                 |                               |            |
| U.S. NATIONAL STAGE FEES   |   |                       |   | RATE <input type="checkbox"/>                 |  | RATE <input type="checkbox"/>              |                               |            |
| BASIC FEE  |   |                       |   | BASIC FEE                                     |  | BASIC FEE <i>350</i>                       |                               |            |
| EXAMINATION FEE  |   |                       |   | EXAM. FEE                                     |  | EXAM. FEE <i>200</i>                       |                               |            |
| SEARCH FEE   |   |                       |   | SEARCH FEE                                    |  | SEARCH FEE <i>400</i>                      |                               |            |
| FEE FOR EXTRA SPEC. PGS.   |   | minus 100 =           |   | / 50 =  |  | X \$ 125 =                                 |                               |            |
| TOTAL CHARGEABLE CLAIMS  |   | <i>9</i> minus 20 = * |   |   |  | X \$ 25 =                                  |                               |            |
| INDEPENDENT CLAIMS   |   | <i>3</i> minus 3 = *  |   |   |  | X \$ 100 =                                 |                               |            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>  |   |                       |   |   | + \$ 180 =                                       |  | X \$ 250 =                    |            |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |                       |   |   | TOTAL <input type="checkbox"/>                   |  | OR TOTAL <i>900</i>           |            |
| <b>CLAIMS AS AMENDED - PART II</b>   |   |                       |   |   |  |  |                               |            |
| (Column 1)   |   | (Column 2)            |   | (Column 3)                                    |  | SMALL ENTITY OR OTHER THAN<br>SMALL ENTITY |                               |            |
| AMENDMENT A  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | PRESENT<br>EXTRA                                 |  | RATE <input type="checkbox"/> |            |
|  | Total <i>04/19/06</i>   |                       | * SAME Minus                                |   | ** SAME = <i>X</i>                               |  | RATE <input type="checkbox"/> |            |
|  | Independent * SAME  |                       | Minus                                       |   | *** SAME = <i>X</i>                              |  | RATE <input type="checkbox"/> |            |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                       |   |   |  | + \$ 180 =                                 |                               | + \$ 360 = |
| TOTAL ADDIT. <i>FFF</i>  |   |                       |   | TOTAL ADDIT. <i>FFF</i>                       |  | TOTAL ADDIT. <i>FFF</i>                    |                               |            |
| AMENDMENT B  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | PRESENT<br>EXTRA                                 |  | RATE <input type="checkbox"/> |            |
|  | Total *   |                       | Minus                                       |   | ** =   |  | RATE <input type="checkbox"/> |            |
|  | Independent *   |                       | Minus                                       |   | *** =  |  | RATE <input type="checkbox"/> |            |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                       |   |   |  | + \$ 180 =                                 |                               | + \$ 360 = |
| TOTAL ADDIT. <i>FFF</i>  |   |                       |   | TOTAL ADDIT. <i>FFF</i>                       |  | TOTAL ADDIT. <i>FFF</i>                    |                               |            |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br/>     ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".<br/>     *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".<br/>     The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |   |                       |   |   |  |  |                               |            |